



Vendor Application

Name of Business: _____

Contact Person: _____

Telephone#: _____ Email: _____

Mailing Address: _____

Please indicate what items you will have for sale. Please indicate price range of products and the amount you are willing to supply. Also indicate what are the stocking requirements for your product and how much inventory you would like to supply for the 1 month time period of the pop up:

By executing this application, the applicant hereby agrees upon the following:

1. All vendors must have a valid business license.
2. All products must be made in the USVI, represent USVI culture or heritage, and be appealing to customers.
3. A vendor spot(s) is only confirmed after the application and vendor fee has been submitted prior to the event.

Signature

Date

Kindly return completed application by **Monday, December 2, 2019** to:

USVI Economic Development Authority Enterprise Zone Commission or the Virgin Islands Council on the Arts in person or via email at ezc@usvieda.org or vicastt@yahoo.com